

2416

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ORIGINAL ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		State Index No. <u>108</u>	
County	<u>Maricopa</u>	CERTIFICATE OF DEATH		County Registrar No. <u>86</u>	
District	<u>Phoenix</u>	No. <u>1135 E. Roosevelt</u>		St. Local Registrar's No. <u>11017</u>	
Town or City	(If death occurred in a Hospital or Institution, give its name instead of street and number)				
FULL NAME <u>Freeman P. S. Smith</u>					
PERSONAL AND STATISTICAL PARTICULARS					
SEX	COLOR OR RACE	SINGLE			
<u>Male</u>	<u>White</u>	<u>MARRIED</u>			
	<u>Black</u>	<u>WIDOWED</u>			
	<u>Mexican</u>	<u>or DIVORCED</u>			
DATE OF BIRTH					
<u>Jan 8</u> (Month) (Day) (Year)					
AGE					
<u>42</u> yrs. <u>8</u> mos. <u>0</u> days <u>0</u> hrs., or <u>0</u> min.					
OCCUPATION					
(a) Trade, profession or particular kind of work <u>Rancher</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
BIRTHPLACE					
(State or country) <u>H. Y. 31</u>					
NAME OF FATHER <u>Lawrence Smith</u>					
BIRTHPLACE OF FATHER <u>H. Y.</u>					
(State or country)					
MAIDEN NAME OF MOTHER <u>Francis Carlin</u>					
BIRTHPLACE OF MOTHER <u>H. Y.</u>					
(State or country)					
The above is true to the best of my knowledge.					
(Informant) <u>Mrs. R. A. Carlin</u>					
(Address)					
Place of Burial or Removal					
Date of Burial or Removal <u>Jan 7</u> 19 <u>22</u>					
Undertaker <u>P. J. Moore</u>					
Address					
MEDICAL CERTIFICATE OF DEATH					
DATE OF DEATH					
<u>Jan 4</u> (Month) (Day) (Year) <u>1922</u>					
I hereby certify, that I attended deceased from <u>Sept 13</u> 19 <u>21</u> , to <u>Jan 4</u> , 19 <u>22</u> , that I last saw him alive on <u>December 19, 21</u> , and that death occurred on the date stated above at <u>4:00 P.M.</u> The DISEASE or INJURY causing death was as follows:					
<u>Tuberculosis Pulmonary Chronic Active</u>					
<u>all lobes both lungs.</u>					
(Duration) <u>over</u> yrs. <u>0</u> mos. <u>0</u> days					
Was disease contracted in Arizona? <u>Unable to state</u>					
If not, where?					
CONTRIBUTORY <u>Unknowable</u>					
(Duration) <u>over</u> yrs. <u>0</u> mos. <u>0</u> days <u>one</u>					
(Signed) <u>Spencer D. Whiting</u> , M. D.					
<u>Jan 7</u> , 19 <u>22</u> (Address) <u>Phoenix, Arizona</u>					
*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.					
LENGTH OF RESIDENCE					
At place of death <u>7</u> years <u>0</u> months <u>0</u> days					
In Arizona <u>7</u> years <u>0</u> months <u>0</u> days					
Former or Usual Residence <u>H. Y.</u>					
Filed <u>Jan 7</u> 19 <u>22</u> <u>Deaneham</u> Local Registrar					
A True Copy					
Filed <u>Jan 30</u> 19 <u>22</u> <u>Deaneham</u> County Registrar					